



ART B - FEE(S) TRANSMITTAL

Complete and mail this form together with a applicable fee(s), to:

Box ISSUE FEE  
Assistant Commissioner for Patents  
Washington, D.C. 20231

MAILING INSTRUCTIONS: This form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where appropriate. All further correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicated unless corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

CURRENT CORRESPONDENCE ADDRESS (Note: Legibly mark-up with any corrections or use Block 1)

7590 12/04/2001  
Epstein Edell Shapiro & Finnan LLC  
1901 Research Boulevard  
Suite 400  
Rockville, MD 20850-3164

Note: The certificate of mailing below can only be used for domestic mailings of the Fee(s) Transmittal. This certificate cannot be used for any other accompanying papers. Each additional paper, such as an assignment or formal drawing, must have its own certificate of mailing.

Certificate of Mailing  
I hereby certify that this Fee(s) Transmittal is being deposited with the United States Postal Service with sufficient postage for first class mail in an envelope addressed to the Box Issue Fee address above on the date indicated below.

(Depositor's name)
(Signature)
(Date)

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/684,863	10/06/2000	Durward I. Faries JR.	1322.0024C	2839

TITLE OF INVENTION: TEMPERATURE CONTROLLED CABINET SYSTEM AND METHOD FOR HEATING ITEMS TO DESIRED TEMPERATURES

TOTAL CLAIMS	APPLN. TYPE	SMALL ENTITY	ISSUE FEE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
43	nonprovisional	YES	\$640	\$0	\$640	03/04/2002

EXAMINER	ART UNIT	CLASS-SUBCLASS
PELHAM, JOSEPH MOORE	3742	219-385000

1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363). Use of PTO form(s) and Customer Number are recommended, but not required.  <input type="checkbox"/> Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  <input type="checkbox"/> "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47) attached.	2. For printing on the patent front page, list (1) the names of up to 3 registered patent attorneys or agents OR, alternatively, (2) the name of a single firm (having as a member a registered attorney or agent) and the names of up to 2 registered patent attorneys or agents. If no name is listed, no name will be printed.  1 _____ 2 _____ 3 _____
---	--

3. ASSIGNEE NAME AND RESIDENCE DATA TO BE PRINTED ON THE PATENT (print or type)

PLEASE NOTE: Unless an assignee is identified below, no assignee data will appear on the patent. Inclusion of assignee data is only appropriate when an assignment has been previously submitted to the USPTO or is being submitted under separate cover. Completion of this form is NOT a substitute for filing an assignment.  
(A) NAME OF ASSIGNEE (B) RESIDENCE: (CITY and STATE OR COUNTRY)

Medical Solutions, Inc. Chantilly Virginia

Please check the appropriate assignee category or categories (will not be printed on the patent) ☐ individual ☒ corporation or other private group entity ☐ government

4a. The following fee(s) are enclosed:  <input checked="" type="checkbox"/> Issue Fee <input type="checkbox"/> Publication Fee <input type="checkbox"/> Advance Order - # of Copies _____	4b. Payment of Fee(s):  <input checked="" type="checkbox"/> A check in the amount of the fee(s) is enclosed. <input type="checkbox"/> Payment by credit card. Form PTO-2038 is attached. <input checked="" type="checkbox"/> The Commissioner is hereby authorized by charge the required fee(s), or credit any overpayment, to Deposit Account Number 05-0460 (enclose an extra copy of this form).
---	--

The COMMISSIONER OF PATENTS AND TRADEMARKS is requested to apply the Issue Fee and Publication Fee (if any) to the application identified above.

(Authorized Signature) Stuart B. Shapiro (Date) 2/28/2002  
Stuart B. Shapiro, 40,169

NOTE: The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending on the needs of the individual case. Any comments on the amount of time required to complete this form should be sent to the Chief Information Officer, United States Patent and Trademark Office, Washington, D.C. 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND FEES AND THIS FORM TO: Box Issue Fee, Assistant Commissioner for Patents, Washington, D.C. 20231

Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.

03/06/2002 BSAVAS12 00000135 09684863  
01 FC:242 640.00 0P

TRANSMIT THIS FORM WITH FEE(S)